

Advancing HIV Prevention: New Strategies for a Changing Epidemic

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Advancing HIV Prevention Consultations

- 4 CBO consultations April-June
- Consultation on capacity building assistance-August
- Consultation with people living with HIV-August
- Consultation with communities of color-October
- Meetings with minority caucuses, PACHA, CDC/HRSA AIDS Advisory Committee, FAPP and constituents
- Consultation on stigma cosponsored with HRSA—planning for November



Advancing HIV Prevention

- **What is the new initiative?**
- **Why a new initiative?**
- **What are the strategies?**
- **How does it impact/change our work in HIV prevention?**



What is the New Initiative?

- It promotes health by keeping people from becoming infected and keeping people healthy who are living with HIV
- It aims to reduce barriers to early diagnosis and increase access to and utilization of quality medical care, treatment, and ongoing prevention services for those living with HIV without increasing stigma
- It will focus particularly on people of color with an increasing emphasis on women
- Goal is to reduce HIV transmission



What This Is

- **Because of level funding, we are refocusing some of our efforts to counseling, testing, and referral and addressing the needs of people living with HIV**
- **It is consistent with our Strategic Plan, SAFE, and our guidance on counseling, testing, and referral**



What This Is

- **We will continue to fund CBOs, particularly those that serve minority communities**
- **We will continue to support community planning**
- **We will continue to work with people at high risk of becoming infected with HIV**
- **We will continue to recommend voluntary testing**



What This Is Not

- **This is not an endorsement for mandatory testing of anyone**
- **We are not abandoning primary prevention or behavioral interventions**
- **It is not all we do**



Why A New Initiative?



Why a New Initiative

- **Stable morbidity and mortality**
- **Concerns about possible increases in HIV incidence**



Why focus on testing and prevention services for people living with HIV?



CDC Funded HIV Testing 2000

Number of tests	approx 2,000,000
New HIV diagnoses	18,000
% who didn't return for results	31%



Late Testing

Surveillance Data 1994-1999

- 104,780 persons diagnosed with HIV
- 43,089 (41%) with AIDS within a year after HIV positive test



Neal J. 9th CROI, 2002



Awareness of Serostatus among Persons with HIV and Estimates of HIV Transmission

Number HIV infected	850,000 - 950,00
Number unaware of their HIV infection	180,000 - 280,000
Infections from those unaware	27,000
Number aware of their HIV infection	670,000 - 770,000
Infections from those aware	13,000



Source: Fleming, 9th CROI, 2002; CDC unpublished data



Behaviors after Learning HIV Diagnosis (N = 148)

Interviews with men who have sex with men and heterosexual men and women within 12 months after finding out they were HIV-positive indicated:

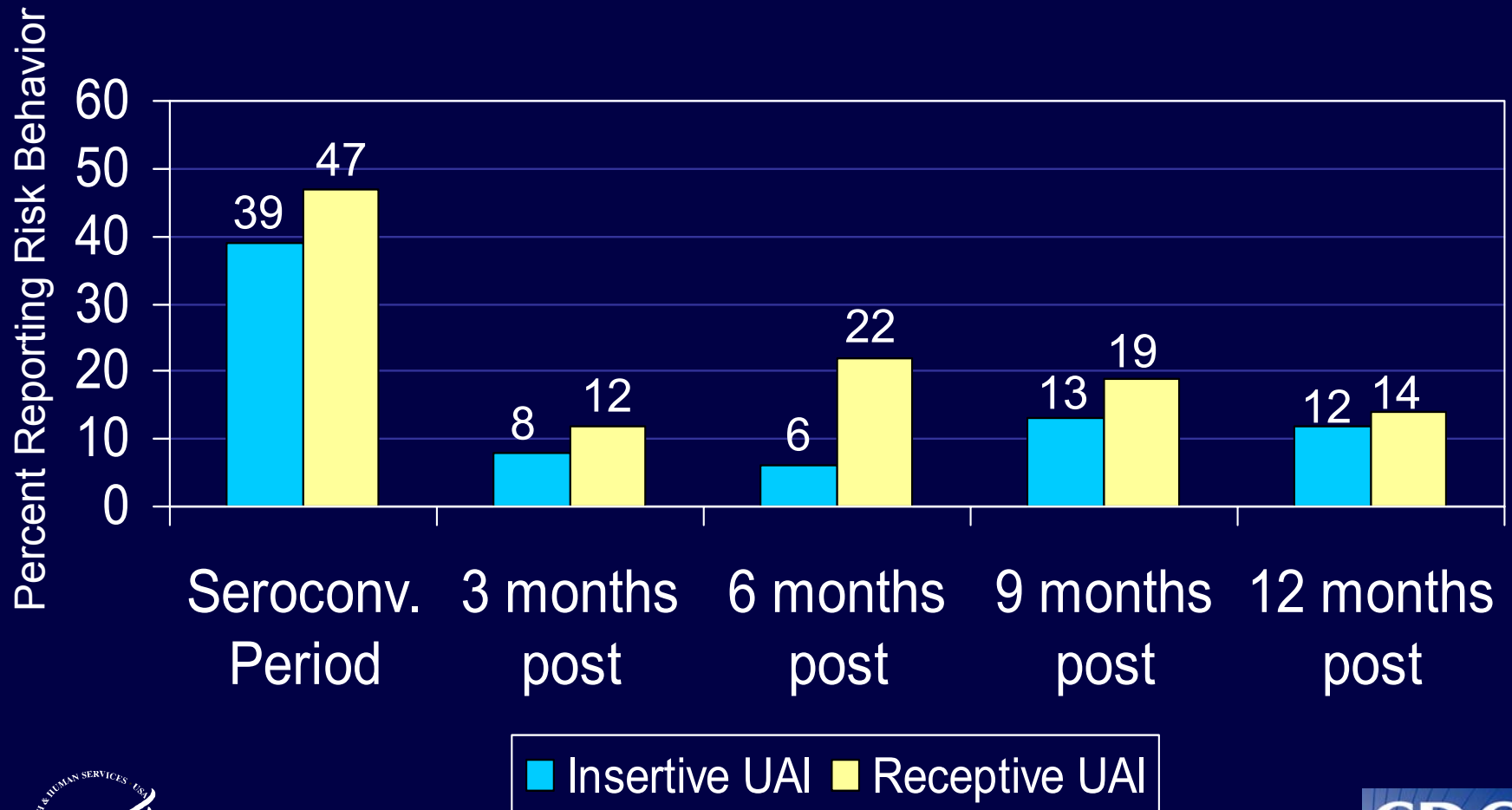
- 60% used condoms more often**
- 49% had sex less often**
- 36% had not had any sex**
- 10% had sex only with other HIV-positive persons**



MMWR 2000;49:512-5



Proportion Reporting Anal Sex Behavior at Seroconversion and Post Seroconversion Visits



Source: Colfax et al, *AIDS* 2002



Why Prevention with Positives

- In a population where HIV prevalence is 20%, there is a 1 in 5 chance that an uninfected person will come into contact with a person with HIV
- However, there is always a chance a person with HIV may transmit to an uninfected person in a single sexual or needle sharing contact



Strategies of the Initiative

- **Four priority strategies:**
 - **Make voluntary HIV testing a routine part of medical care**
 - **Implement new models for diagnosing HIV infections outside medical settings**
 - **Prevent new infections by working with persons diagnosed with HIV and their partners**
 - **Further decrease perinatal HIV transmission**



Strategy 1: Make Voluntary Testing a Routine Part of Medical Care

- Work with partners to include HIV testing, when indicated, as a part of routine medical care;
- Expand routine offering of testing;
- Fund demonstration projects of routine offering HIV testing to all patients in high HIV prevalence health care settings



Strategy 2: Implement New Models for Diagnosing HIV Infections

- **Fund demonstration projects using the rapid HIV test to increase testing in high-HIV prevalence settings including correctional facilities;**
- **Fund CBOs to pilot new models of counseling, testing and referral (CTR) in nonmedical settings;**
- **In 2004, implement the new models through the new health department and the new CBO announcements**



Strategy 3: Prevent New Infections by Working with Persons Diagnosed with HIV

- Publish *Recommendations for Incorporating HIV Prevention into the Medical Care of Persons with HIV Infection* (CDC, HRSA, NIH, and IDSA) *MMWR* 2003;52(RR-12):1-24;
- Fund demonstration projects to provide prevention case management for people with HIV who have ongoing high-risk behavior;
- Develop a plan to address stigma of testing and of HIV and AIDS
- In 2004, implement these services



Strategy 4: Further Decrease Perinatal HIV Transmission

- Work with partners to promote routine, voluntary prenatal testing, with right of refusal;
- Provide training in conducting prenatal testing;
- Monitor integration of routine prenatal testing into medical practice.



Monitoring/Tracking the New Initiative

- Incorporate evaluation in each demonstration project
- National behavioral surveillance and HIV incidence surveillance systems



What Does this Mean for State and Local Health Departments?

- **New project period begins January 1, 2004**
- **Approximately \$140 million to CBOs**
- **Continue to support community planning**
- **All jurisdictions will make people living with HIV the highest priority population for prevention services**
- **Increase emphasis on CTR and PCRS**
- **Continue to fund CBOs for health education and risk reduction activities for those at risk**



What Does This Mean for CBOs That CDC Funds Directly?

- New project period begins June 1, 2004 (\$42 million)
- Implement targeted outreach, health education and risk reduction, counseling, testing and referral for people at risk for HIV; implement interventions for people living with HIV, their discordant partners, and other people at very high risk for becoming infected.
- CDC will develop procedures and protocols for implementing interventions
- Minority AIDS Initiative money will continue to support services for people of color



Impact and Outcome of Advancing HIV Prevention

- Expand efforts to help people living with HIV learn their HIV serostatus and expand prevention programs for people living with HIV.
- Ensure that every person with HIV infection has the opportunity to get tested, have access to state of the art medical care, and ongoing prevention services to prevent transmission to partners.
- Most effective interventions for highest risk populations
- Keep people healthy

